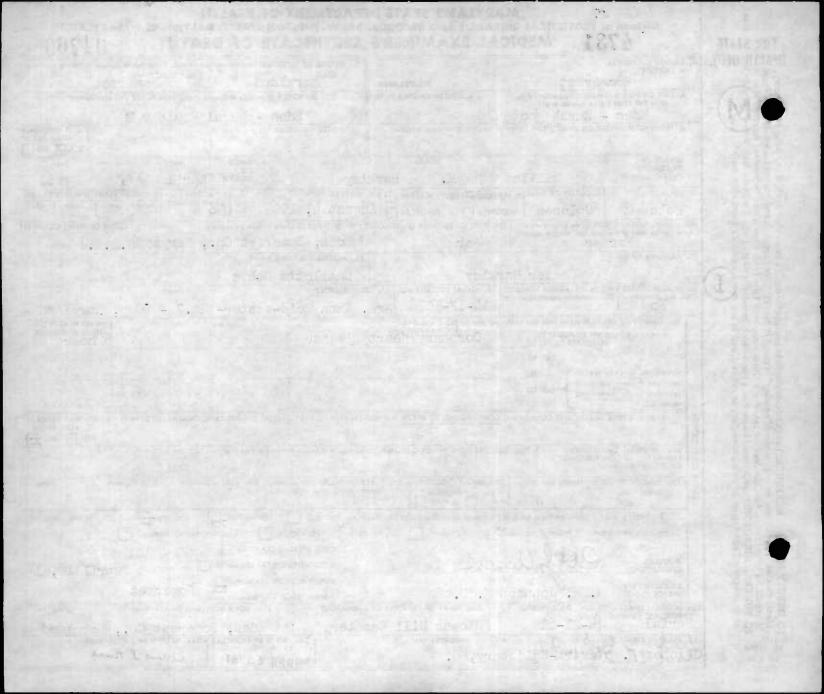
FOR STATE HEALTH DEPT

He lih, . Page TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral disk should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained form TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VS. AISME 5M 9/6D

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4781 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04769

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
Somerset MARYLAND	•. STATE Somerset
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give nearest lown)	V
Eden - Rural Route 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Eden - Rural Route # 2
G. NAME OF HOSPITAL OX INSTITUTION (If not in nospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	YES IDI NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) William H. Bark	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Colored widowed □ DIVORCED □ A	ugust 4, 1904 56 birthdey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Farmer Farm	Eden, Somerset Co., Maryandu.S.A.)
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Caesar Barkley	Charlotte Noble
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address
(Yes, no, or unkown) (Hyes give wer or detes of service) 214-12-5076 Mms	. Anna Reid-sister- Rt.2 - Eden, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)	Interval Between
PART I. DEATH WAS CAUSED BY: Coronary Heart	Di GOOGET AND DEATH
IMMEDIATE CAUSE (e) OOT OTTAL & TIEST O	Disease p nours
14201/ DUE TO	
Conditions, if any, which (b)	
geve rise to Immediate cause (e), stating the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
EV CONTRACTOR OF THE CONTRACTO	PERFORMED? YES NO THE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (ED.)	nter neture of Injury In Pert I or Pert II of item 1B.)
	CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete)
Hour e.m. While Nof While fect	ory, sites, office bidgs, etc.)
21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes XX, Accident , Suice	
	CHIEF MEDICAL EXAMINER
ACTUAL PAY	
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER APPLIE 18,61
EXAMINER'S NAME (Type) R. H. Johnson M. D.	DEPUTY MEDICAL EXAMINER Somerset
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county) CREMATORY 22d. LOCATION (City, town, or country) (Stete)
REMOVAL (Specify)	metery Eden, Somerset Co., Maryland
23 FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Clinton F. Steel Salisbury Md.	
	DATEMPR 25'61 Carllus I. There



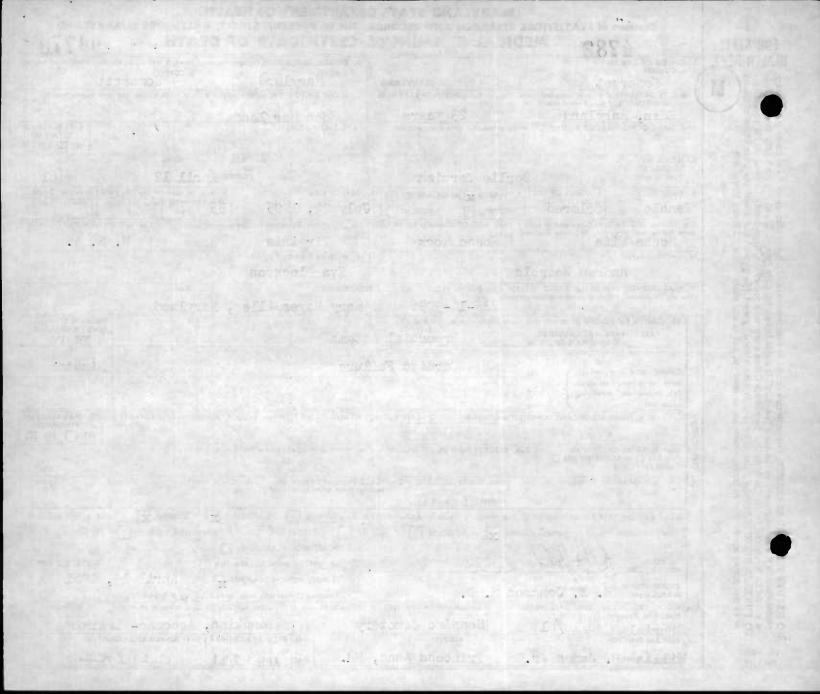
FOR STATE HEALTH DEPI. TO DEPUTY ME AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is every, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dire. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Rage 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01770

23 6	06								1 20	
1. PLACE OF DEATH	Н				RESIDENC	E (Where de	ceased lived, If i		esidence befo	ore edmission)
Somers	et		MARYLAND	e. STATE	arylan	d	b. COUN	Somers	set	
b. CITY OR TOWN	(if outside corporate limits, d give naarest town)	c. Li	ENGTH OF STAY IN 1				orete limits, write	RURAL and	give neerast	town)
Eden, Ma		2	3 years	Fdo	n Marv	back				
	TAL OR INSTITUTION (if no				ADDRESS	Tallu				S RESIDENCE
									YES	ON A FARM?
3. NAME OF DECEASED	First		Middle	Lasi		4. DATE OF	Month		Dey	Yeer
(Type or print)		rlie Co				DEATH	April 1	2		1961
5. SEX	6. COLOR OR RACE 7.	MARRIED T	NEVER MARRIED	8. DATE OF BIR		9.	AGE (In yeers Last birthdey)			DER 24 HRS.
Female	Colored	IDOWED [DIVORCED	July 22	, 1905	1	55 yrs.	Months	Deys Hou	rs Min.
	FION (Give kind of work orking life, aven if retired)	10b. KIND OI	F BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Stelle o	r foreign cou	intry)	12. CITI	ZEN OF WHA	AT COUNTRY
House Wi	fe	House	Work	Vi	rginia			U.	. S. A	
13. FATHER'S NAME				14. MOTHER						
Am	drew Wessels			Eva	Blocks	on				
	ER IN U.S. ARMED FORCES		AL SECURITY NO. 17	. INFORMANT			Address			
(Tes, no, or unkown)	If yes give war or datas of servi	215-1	6-3096	Mary H	aves A	llen.	Marylan	d		
18. CAUSE OF	DEATH [Enter only one cau			-0						BETWEEN
PART I. DEAT	TH WAS CAUSED BY:		Bronchial	Asthma					ONSET A	ND DEATH
1241	DUE TO								- 4	
Conditions, if eny			Cardiac Fa	ailure					Minu	tes
geve rise to immed	liata cause								-	
(a), stating the u										
	R SIGNIFICANT CONDITION	NS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W/	AS AUTOPSY
OLY III OTHER	K GIGHNIJEAN T CONDINO									RFORMED?
PART II. OTHE 20a. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH.	ONTRIBUTING [DESCRIBE HO	W INJURY OCCURED), (Enter nature of i	njury in Pert I	or Pert II of	item 18.)			
		1 20d. INJURY	OCCURRED 20e.	PLACE OF INJURY	(Home, farm.	20f. (City	or town)	(Cour	(V)	(State)
20c. TIME OF INJU		WhileN	lot While	factory, street, office		1		,0001		(0.0.0)
	19	et work		hald as Asten					lead to	
	hat I took charge of the					nspection	MAL.	- L	and in m	y opinion
death resulted	from: Natural cause	as X. A	ccident, S		domicide [determined m	anner		
	D411.0				MEDICAL EX		III A			
ACTUAL SIGNATURE	1 your	con		M.D.	STANT MEDIC					SIGNED
EXAMINER'S NAME (Type)	R. H. Johnson	n M. D.			TY MEDICAL ass (Straat, cit	- 4		ril 1	196	1
22a. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c.	NAME OF CEMETERY				ION (City, town,			(State)
REMOVAL (Specify	" 4/16/61	Sea	side Cemet	cerv	T	ompkir	ns, Acco	mac-Vi	rgini	3
23. FUNERAL DIRECTO			ADDRESS	U		The state of the s	RAR 24b. REGI			
William H	. James Jr.	Pri	ncess Anne	Md.	DATE NO	12 1 7 'I	61 (athur &	trans	



FOR STATE HEALTH DEP

TO DEPUTY MI. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is seary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral dire page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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VS. AISME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

47	83 MED	ICAL	EXAMINER	e's CERT	TIFICAT	E OF E	HTAS		04	771	
1. PLACE OF DEATH	H		STATE OF THE REAL PROPERTY.		AL RESIDEN	CE (Whare de-			esidenc	e before	dmission)
Some	rset		MARYLAN	e. ST		land	b. COU		- 4		
b. CITY OR TOWN (if outside corporala limits	5,	c. LENGTH OF STAY IN		TY OR TOWN (Somerse ta RURAL and		aerest tow	vn)
70 0	giva naarasi lown)		about 1 hr.		en.	nce					,
	Island TAL OR INSTITUTION (IF	net in heari			REET ADDRESS	iiice			,		
				0. 31	KEET ADDKESS						A FARM?
	Wesley Chur	cu -De								YES [NO 🗌
3. NAME OF DECEASED	First		Middla		Last	4. DATE	Mon	h	Dey	Yee	
(Type or print)	John			Curtis		DEATH	April	23,		19	61
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH	9.	AGE (In year		YEAR	IF UNDER	24 HRS.
Male	Colored	WIDOWED		June 1	0, 1918		last birthday)	Months [Deys	Hours	Min.
Os. USUAL OCCUPAT	ION (Give kind of work	10b. KIN	D OF BUSINESS OR INDI		THPLACE (Stela		7	112 CITI	7 FN OF	WHAT	COUNTRY?
done during most of wo	orking life, even if retired CK driver)					,				CONTRI
13. FATHER'S NAME	OV GITAGI.	Tru	cking		Marylan			10.5	5.A.		
3. PATHER'S NAME	T-1 C				HER'S MAIDEN						
	John Cur			Dru	cilla W	allace					
Yes no or unknown) 1/1	ER IN U.S. ARMED FORCE	ES? 16. SC	OCIAL SECURITY NO. 1	7. INFORMA	NT		Addres	\$			
No	1 / 0 × g 1 v 0 wal of deless of set	Non	ve	Drucill	a Curti	s - Cha	nce. Ma	ryland	3		
1 IB. CAUSE OF E	EATH [Enter only one c	ause par line						0	-	RVAL BET	WEEN
PART I. DEAT	H WAS CAUSED BY:		Acute coron	arv hea	rt dise	250				SET AND	
1120	IMMEDIATE CAUSE (a)			3 1104	- O CLEO	400			1117	.nute	3
14201	DUE TO										
Conditions, if any gave rise to immedi									_		
(a), steting the u	DUE TO										
cause last.) (c)_										
PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTR	UBUTING TO DEATH BUT	T NOT RELATED	TO THE TERMIN	NAL DISEASE C	ONDITION GI	VEN IN PART	1(e) 19		
F											RMED?
PART II. OTHER 20a. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	USE WAS 20	b. DESCRIBE	HOW INJURY OCCURE	D. (Entar neture	of injury In Par	t I or Pert II of	tam 18.1		1 1	13 LJ	NO ENT
PRIMARY OF CO	NTRIBUTING [
	IDV Maral Day Varia	1004 01	HIRV OCCUPATED I DO	DI A CE OF INIII	IBV /II f-	1 001 101					
20c. TIME OF INJU	RY Month, Dey, Yeer	While	JURY OCCURRED 20eNot While	factory, street, of			or town)	(Coun	iy)		(Stata)
₹ p.m.	19	et work	at work		1.37						
21. I certify th	at I took charge of	the remai	ns described above	, held an Au	topsy ,	Inspection	X Inqui	ry X,	and i	n my o	pinion
death resulted f	rom: Natural cau	ises 🔀	Accident ,	Suicide .	Homicide	, Und	etermined n	nanner			
1	7,10	-		C	HIEF MEDICAL I	EXAMINER [
ACTUAL A	DIM.			A	SSISTANT MED				10.1	ATE SIG	NIED
SIGNATURE VI	200/200	1842		M.D.							MED
EXAMINER'S	R H John	agan	M D (Somon		EPUTY MEDICAI				-17 =	4/61	
NAME (Type) 2e. BURIAL, CREMATIO	R. H. Johr		M. D. (SOMETER)	set Co	dress (Streat,	ity, town, or co	ounty) Pri	ncess	Ann	e, Mo	d
Burial (Specify)			C. NAME OF CEMETER	T OK CREMATO	KT	22d. LOCATI	ON (City, low	, or country)		(Stete	0)
	1 1/		St. Charles	Cem.		Chance	, Maryl	and- S	ome	rset	Co.
23. FUNERAL DIRECTO		nam	ADDRESS		240. REC	'D BY REGISTR	AR 246. REC	SISTRAR'S SIC	SNATU	RE	
Leroy Webs	ter Deal	Islan	d, Maryland		DATE A	DR 2 7 '6	1 -	11 0	Lan		

DATE APR 2 7 '61

Colling S. Krays

THE CASE OF A DECEMBER OF THE PROPERTY OF THE . 74 2 4 1 And the comment of the control of th

haspitol ar attending physician. After this certificate has been signed by the ottending physician and completely filled in by the TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. the State Board of Health priar ta burial, cremotion, ar remaval,

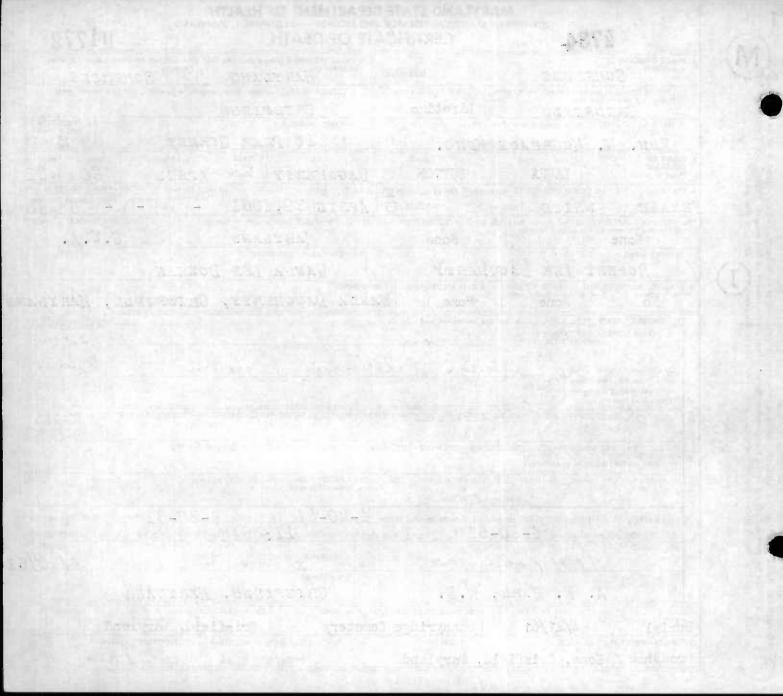
TO HOSPITAL OR ATTE

VR A15 (4) 15M 9/59

1. PLACE OF DEATH o. COUNTY SOMERSET	MARYLAND	2. USUAL RESIDENCE (WI o. STATE MAR Y.		COUNTY ~	nce before admission) ERSET
b. CITY OR TOWN (If autside corporate limits, w RURAL and give nearest town) CRISFIELD	c. LENGTH OF STAY IN 1b	3. CITY OR TOWN (IF CRIS.	outside corporate lir $FIELD$	nits, write RURAL and	give nearest tawn)
d. NAME OF HOSPITAL (If nat in haspital, give s OR INSTITUTION F.DW. W. MCCREAD		d. STREET ADDRESS	EAR STA	EET	e. IS RESIDENCE ON A FARM? YES 7 NO
3. NAME OF First DECEASED (Type or print) IAURA	Middle DUTTON	Lost DAUGHERTY	4. DATE OF DEATH	Month PRIL	Doy Yeor 20 1961
	MARRIED NEVER MARRIED NOWED DIVORCED	B. DATE OF BIRTH APRIL 20,	last		R 1 YEAR IF UNDER 24 HRS
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDU None	STRY 11. BIRTHPLACE (Stote MAR Y.	or foreign country) LAND	12. CI	U.S.A.
ROBERT LEE DA	UG HER TY	14. MOTHER'S MAIDEN I		ZMAN	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) (If yes, give way or dates of service)	1	NFORMANT ANDA DAUGH	ERTY, (Address RISFIEL	D, MARYLA
Conditions, if any, which gove rise to immediate cause (a), stoling the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION	0	electors,			RT 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I ar Part II of i	item 1B.)	YES NO
20c. TIME OF INJURY Month, Day, Year 1		ACE OF INJURY (Home, form ctory, street, affice bldg., etc		vn)	(County) (State
21. I certify that (I) (this haspital) at saw the deceased alive an 4-2 (22a. SIGNATURE	0-61 19, and that o	ATTENDING _ M	M3 Odn/Mhe c		that (I) (we) lass the date stated above 22b, DATE A / SIGNER
22c. PHYSICIAN'S NAME (Type) A. N. BARI	R, M.D.	22d. ADDRESS	H-H-H-Y	AR YLAND	1
30. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 4/21/61	23c. NAME OF CEMETERY CO			City, town, or county)	nd
4. funeral director's signature Bradshaw & Sons, Crisfi	ADDRESS eld, Maryland		D BY REGISTRAR B 2 6 '61	25b. REGISTRAR'S S Ciriling S.	

2079293XV7

4784



MARYLAND STATE DEPARTMENT OF HEALTH

7725 CERTIFICATE OF DEATH 04773

	2100
1.	o. COUNTY Somerat MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Maryland
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION BOX - 157 d. STREET ADDRESS ON A FARM YES HO
3.	NAME OF DECEASED (Type or print) arthur Linword Fitzerall Last ABATE Month 30 Day Year 196
7	SEX 6. COLOR OR RACE 7. MARRIED DIEVER MARRIED B. DATE OF BIRTH Nels WIDOWED DIVORCED DIVORCED JULY 30-1901 9. AGY (In years IF UNDER 1 YEAR IF UNDER 24 F
10	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) ARDEN TER - Trous & Construction of John State of Join State of
	Lee Fitzgrald 2 mma adams
1s (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hattie J. Litygualy (Wyle war o' dates of service)
550	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Myocardial interction Myocardial interction Myocardial interction Myocardial interction Myocardial interction
	Conditions, if ony, which gove rise to immediate couse (a), stating the under: DUE TO Coronary arteriosclerosis years DUE TO
NOIP	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPERFORMED YES NO
CERTIFIC	20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m., p. m. 19 While of work of work of work 19 of work 1
	21. I certify that (I) (this haspital) attended the deceased fram 2-25-61, 19, ta 4-30-61, 19, that (I) (we) I saw the deceased alive an 4-30-61 19, and that death accurred at 12: MOBM the causes and an the date stated about
	220. SIGNATURE 220. SIGNATURE M.D. ATTENDING X MED. STAFF PHYS. Y DIRECTOR STAFF PHYS. 14-30-61
	Dames Quarter, Maryland
23	G. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. VOCATION (City, town, or county) REMOVAL (Specify) 3-3-6/ Williams Manual Park Seclesby med-
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS So. REC'S BY REGISTRAR'S SIGNATURE AND 3 61 AND 3, Fundamental Statements Signature

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 VR 1SM 9/59 FECTO Sheet Sheet and the street of the A TOWNER DO DON'T HAVE SHOWN IN

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

4786 CERTIFICATE OF DEATH

114774

-									
1.	o. COUNTY	MER SE T	MARYLANI	o. STATE	ENCE (Where deced	b. COUNTY	SOMERS		1)
	b. CITY OR TOWN (IF RURAL and give ned UR I S	outside corporate limits, writ grest town) FIELD	c. LENGTH OF STAY IN 1	D 02 ~	OWN (If outside co	rporote limits, write R	URAL and give n	earest town)	
	OR INSTITUTION	AL (If not in hospital, give street) MCCREADY M		d. STREET AD	CHESAPI	EAKE AVE		e. IS RESIDE ON A FA YES N	ARM?
	NAME OF DECEASED (Type or print)	first WILLIA	M LEONARD	For For	D 4. DAT			Soy Yeo	0
S.	SEX MALE	* *	ARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday) 72 yrs.	Months Days		24 HRS. Min.
10	during most of worki	ng life, even if retired)	06. KIND OF BUSINESS OR IN Ice Plant	Cris	field, Mo		12. CITIZEN	A A	UNTRY?
13	3. FATHER'S NAME	William L. Fo	ord	14. MOTHER'S	MAIDEN NAME Argaret I	E. Tawes			
		IN U. S. ARMED FORCES? f yes, give wor or dates of service)		Mrs. Esthe	er Ford(Add Chesapeake		risfie	ıld,
	PART I. DEAT Conditions, if on gove rise to im couse (o), stoting it lying couse lost.	he under-	typesternie	control	Faul	iase	01	TERVAL BETWANSET AND DI	EATH
CEPTIEICATION	PART II. OTH	S UNDERLYING 20b. (NS <u>CONTRIBUTING TO DEATH</u>				/EN IN PART 1(o)	PERFORM YES 1	WED?
MEDICAL		Month, Doy, Year 200	d. INJURY OCCURRED 20e.	PLACE OF INJURY (F foctory, street, office	tome, form, 20f. (6 bldg., etc.)	City or town)	(Count	r)	(Stote)
	saw the decease		ended the deceased fra 19 61 , and the			4-6-61 The causes an		te stated a	bave.
	22c. PHYSICIAN'S	uch m. 1	Seyton	M.D. ATTENDING PHYS.		STAFF PHYS.			DATE SIGNED
	J		EYTON, M.D.			D, MARY			
2	36. BURIAL, CREMATION REMOVAL (Specify)	Apr. 8, 1961	Crisfield C			CATION (City, town, Isfield, M		(Stote)	
2.	4. FUNERAL DIRECTOR'S Bradsha	signature W & Sons- Cri	ADDRESS		2So. REC'D BY REC	4 104	STRAR'S SIGNAT		

al directar, be filed with TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the may be retained by Affer this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 shouthe State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

VR A1S (4) -1SM 9/S9

385 B. V. College B. Market Market College B. College B. Market B. College B. Market B. College B. Coll grow, Ex. stanfilled granulat AND DESCRIPTION OF THE STATE OF provide and the Making -- and whocom Design codes, will the upon the and the contract of the contra

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SomerseT Somerset N.F. Upperhill Upperhill April 1975 - 96 Milten Male Netro V.S. A. Somerset Seaferd & Famer Jenvice Hales on Knewn 217-03-18 Altre Cesten- Aloperhill, Md

Burizi APRIFEI WATERS, CEMETERY Appeirill. Sevi-Cc.

Charles H. Ward Marion Ste, Md.

Md.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

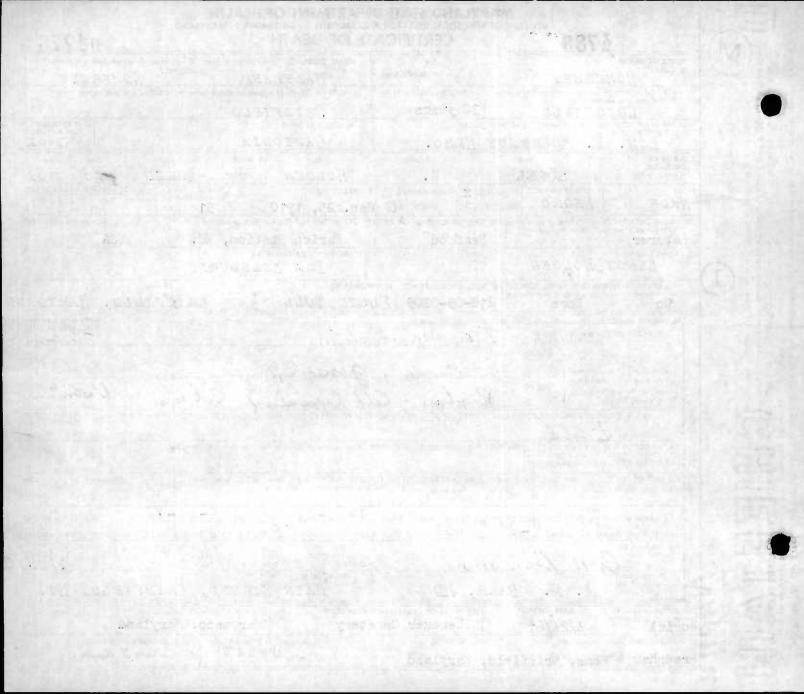
4	188	CERTIFICA	TE OF DEA	III			1147	0
PLACE OF DEATH O. COUNTY SOME	R.SET	MARYLAND	2. USUAL RESIDENCE o. STATE MAR. 3	E (Where deceased li	ived. If institutio b. COUNTY	~	efore admissi	on)
b. CITY OR TOWN (If ou RURAL and give neare:	tside corporate limits, write	c. LENGTH OF STAY IN 16	5. CITY OR TOWN		e limits, write RL			
	(If not in haspital, give stree MCCREAD)		d. STREET ADDRE					DENCE FARM? NO [X]
NAME OF DECEASED (Type or print)	First SAMUE L	Middle W .	HOLDEN	4. DATE OF DEATH	Mant - APR I			ear 961
SEX 6.	NEGRO WIDOW	RRIED NEVER MARRIED DIVORCED .	8. DATE OF BIRTH Jan. 25, 19	WILD LINE	AGE (In years last birthdoy) 51 yrs.	Manths Day	1	R 24 HRS Min.
during most of working Laborer	(Give kind of work done 10b life, even if retired)	Seafood	Marion	Station,		12.CITIZEN USA	OF WHATC	DUNTRY
LEROY	HOLDEN		14. MOTHER'S MAID ID A	MILBOUR	RNE			
(es, no, or unknown) (If ye	es, give war or dates of service)		NFORMANT LSIE TULI	L :	CRISF	ess IELD,	MAR	YLA
20g. ACCIDENT WAS U	ediate under. DUE TO (c) SIGNIFICANT CONDITIONS PALTE UNDERLYING [1] 20b. DE	Rystons of Contributing to Drath BU SCRIBE HOW INJURY OCCURR		TERMINAL DISEASE C		EN IN PART 1(c	PERFO	
OR CONTRIBUTING (IF EITHER, NOTIFY ME) 20c. TIME OF INJURY Haur a. m.	Month, Day, Year 20d. Whil	e Nat while fe	LACE OF INJURY (Home, actory, street, office bldg	, form, 20f. (City o	r town)	(Cour	nty)	(State
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 20f. (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 20f. (City or town) (County) (State) 21. I certify that (I) (this hospital) attended the deceased from 4-11-61. 19 to 4-21-71, 19 that (I) (we) lost saw the deceased olive on 4-21, and that death occurred of 1P, M, from the couses and on the date stated above.								
22c. PHYSICIAN'S	n. Ban	ms	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.		22k	SIGNE SIGNE
NAME (Type) 3a. BURIAL, CREMATION,		23c. NAME OF CEMETERY	MAII		T, CRI	SFIEL	D, M	
REMOVAL (Specify) Burial 4. FUNERAL DIRECTOR'S SI	4/24/61	Ebenezer Cen	netery		sco, Mar			7
	ons. Crisfiel		DAT	APR 2 7 '61		Thun S. H	-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

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VR A15 (4) 15M 9/59

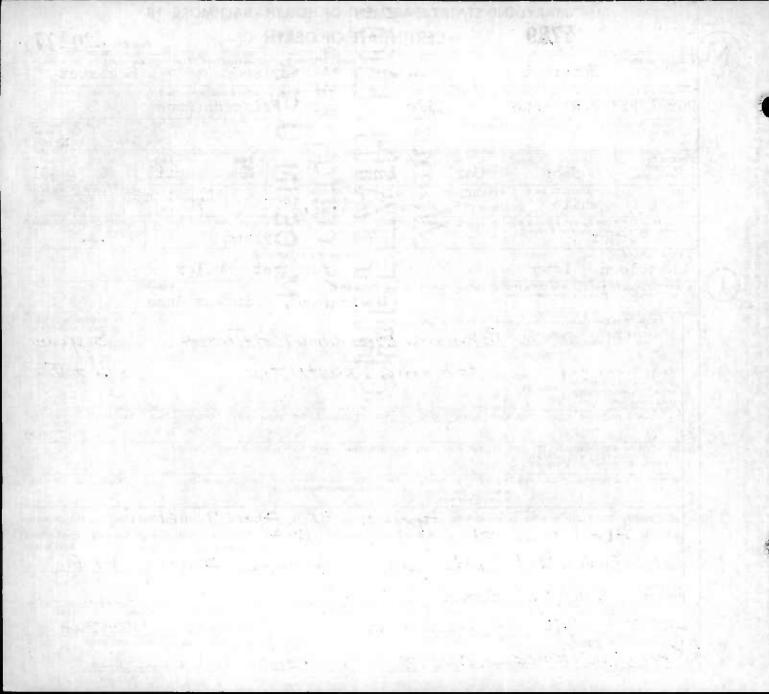


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4789

CERTIFICATE OF DEATH

01775

1. PLACE OF DEATH a. COUNTY	Somerset	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Mary	nere deceased lived. If institution land b. COUNTY	n: Residence befare admission) Somerset
b. CITY OR TOWN (RUPA) and airea	If autside carporate limits, write earest town NCESS Anne	c. LENGTH OF STAY IN 16	11700 1000 100 100	rutside corporate limits, write RU	RAL and give nearest tawn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, give stree	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	John First	Carl Middle Lo	lost ng	4. DATE Month OF Apri.	
s. sex male	- Thirt	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Oct. 22, 1891	Laure Indian Control	Manths Days Hours Min.
10a. USUAL OCCUPATION during most of war	ON (Give kind af wark dane 10) king life, even if retired)	o. KIND OF BUSINESS OR INDU		or foreign country) yland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Napoleo	n Long		14. MOTHER'S MAIDEN N Margare		
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		nformant adie Long, 1	Addre Princess Ann	
Canditians, if a gave rise to i cause (a), stating lying cause last.	mmediate (DUE TO	Chronic B	Gastrit	Asih mau	S Gears Ly Poins
20g. ACCIDENT W		SCRIBE HOW INJURY OCCURRE			IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
20c. TIME OF INJUR Hour a. m. p. m.	RY Manth, Day, Year 20d. Whil	t.	ACE OF INJURY (Hame, farm ictary, street, affice bldg., etc.		(Caunty) (State)
21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	Teldon G. Mar	(61_, and that death	accurred at ID. A		
220. BURIAL, CREMATIC		22c. NAME OF CEMETERY C		22d. LOCATION (City, town, or Somerset	(Store) (Store) Maryland
3. PUNERAL DIRECTOR	'S SIGNATURE	ADDRESS / Princess A	nne, Md pate pr	D BY REGISTRAR 24b, REGIST	TRAR'S SIGNATURE



I		
sen signed by the ottending physician and campletely filled in by the f	ansit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with	1
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camplet	papers.	, ar remaval, and in any event, within 72 hours ofter death.
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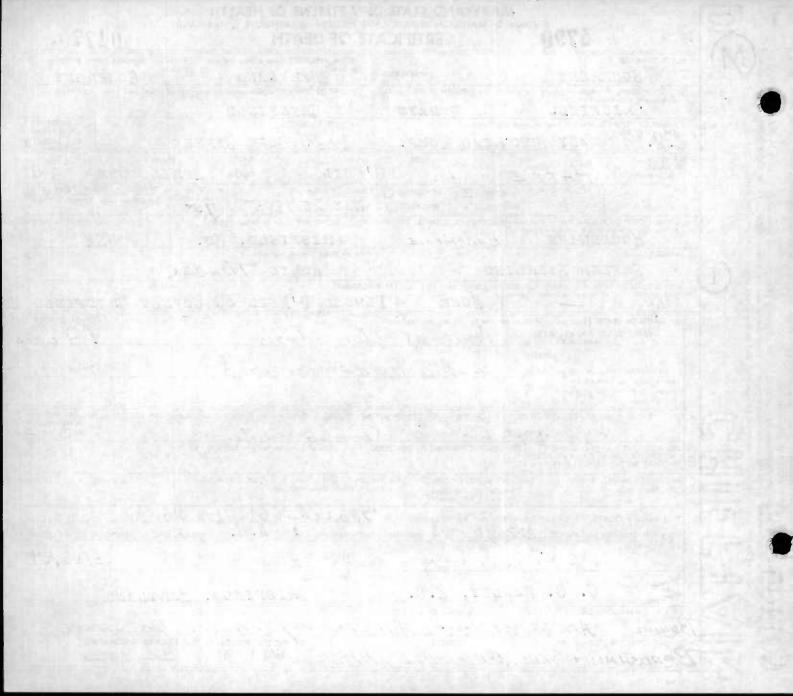
TO HOSPITAL OR ATTACORN PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the () director,

VR A15 (4) 1SM 9/S9

UNERAL DIRECTOR : After this certificate has been signed by the ottending physician and campletely fillege 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages State Board of Health priar to burial, cremation, ar remaval, and in any event within 72 hours ofter death.	I
is certificate has been signed by use as the burial-transit permit. ta burial, cremation, ar remaval,	O
UNERAL DIRECTOR: After the 3 should be detached for 5 state Board of Health priar	1

					() 24 9 6 ()
1.	PLACE OF DEATH o. COUNTY SOMERSET	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYL	1 COLLETY	on: Residence before admission) SOMERSET
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (RISFIELD)	c. LENGTH OF STAY IN 16 5 DAYS		outside corporote limits, write R	Q
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION, E. W. MCCREADY MEMOR.	oddress)	d. STREET ADDRESS	VE STREET	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) HATTIE	Middle 0	NEIL Lost	4. DATE Mon OF DEATH APRI	0 0
S.	SEX F 6. COLOR OR RACE F WIDOW	Market Ma	8. DATE OF SIRTH MAY 25, 182	9. AGE (In years last birthday) 75 yrs.	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done during mast at working life, even if retired) HOUSEWIFE	WN HOME	TRY 11. BIRTHPLACE (Stole CRISFIE		12. CITIZEN OF WHAT COUNTRY USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N		
	SEVERN STERLING		ADDIE	7 0 0 0	
15.	was deceased ever in U. S. armed Forces? (If yes, give war or dates of service) (If yes, give war or dates of service)		LWOOD O'NE	IL 30 COVE	
	18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate	ne for (a), (b), and (c).] Nexebral T Gent cirlers	terombos,	15	INTERVAL BETWEEN ONSET AND DEATH 3-4 with
Z	cause (a), stoting the <u>under-</u> DUE TO lying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIV	/EN IN PART 1(0) 19. WAS AUTOPS
FICATION	myocarde	Tiz a d	el ompon	sation	PERFORMED? YES NO
L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (conter noture of injury in	ran for rorr if or frem to.)	
MEDICA	20c. TIME OF INJURY Manth, Doy, Year 20d. I Hour o. m. 19 While of wor	Nat while fac	ACE OF INJURY (Home, form ctary, street, affice bldg., etc	n, 20f. (City ar town)	(County) (Stot
	30W IIIC GOCCOSCO GIIVO GII222-1-	ded the deceased fram. 26 1961, and that d	March 19 leath accurred of 15	A M	, 19 <u>6</u> 1, that (I) (we) la and an the date stated abave
	22a. SIGNATURE	wley	M.D. PHYS.	ED. STAFF RECTOR PHYS.	4/26/81
	22c. PHYSICIAN'S NAME (Type) C. G. RAWL.	EY, M.D.	22d. ADDRESS CR I S	SFIELD, MAR	YLAND
23	3. SURIAL, CREMATION, 23b. DATE THEREOF APR. 28,1961	23c. NAME OF CEMETERY O	R CREMATORY CEMETERY	23d. LOCATION (City, town,	or county) (Stote) DIELAWARE
24	FUNERAL DIRECTOR'S SIGNATURE BRADSHAW + SONS, C	ADDRESS PRISFIELD,	MD. DATE		STRAR'S SIGNATURE



al director, be filed with

After this certificate has been signed by the attending physician and campletely filled in by the interest or use as the buriol-transit permit. Then please remove carban papers. Pages I and 2 show

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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4791	_ 71.7 71.	TE OF DEATH	, makitanio	00044			
	em 7 #ilm G286 MARYLAND	2. USUAL RESIDENCE (Whe	ore deceased lived. If institution b. COUNTY	Residence before admission) Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give narest town RURAL)	c. LENGTH OF STAY IN 1b		rtside corporate limits, write RUI (Rural)	RAL and give nearest town)			
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION D.# 1	t address)	d. STREET ADDRESS R.D.#	1	e. IS RESIDENCE ON A FARM? YES X NO			
3. NAME OF DECEASED (Type or print) LEVIN	EDGAR	POLLITT	4. DATE Month OF APRII	= -/			
	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Jan. 27, 188	look hintholous	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
Oa. USUAL OCCUPATION (Give kind of work done dyring mast of working life, even if retired)	Farming		or foreign country) Co. Maryland	USA			
3. FATHER'S NAME Levin Roland Pollitt		Emma C.Pe	yton				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes., go. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	of the stand of th	ns(Nephew)P.	о. в. #92			
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).]		HEM TRRAG	INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if ony, which gove rise to immediate (b)	Paramona	of Lung		?			
cause (a), stating the <u>under-lying cause last.</u> C PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NIOT BELATED TO THE TEBANIA	LIAI DISEASE CONDITION CIVE	NI THE BART 1/-/ TO WAS ALITORSY			
3 generalize	1	clerois		PERFORMED? YES NO			
	N/A						
Hour a.m. N/A Whil	INJURY OCCURRED e Nat while fork of work	ACE OF INJURY (Hame, form, ictary, street, affice bldg., etc.)	N/A	(County) (State			
21. 1 certify that (1) (this haspital) attended the deceased from 20-25 1969 to April 29, 1961, that (1) (we) last saw the deceased alive an 25 1961, and that heath occurred ale 1965, from the causes and an the date stated above.							
220. SIGNATURE J.	lis	The second second second		lay / /1961			
NAME (Dr. Robert T.Ad)		Fruitlan	d, Maryland				
236. BURIAL, CREMATION, REBUY 1811 May 2, 1961		morial Park		Maryland			
24. FUNERAL DIRECTOR'S SIGNATURE NOLLOWAY & COMPANY SA	ALISBURY MARY	ZLAND DATE		TRAR'S SIGNATURE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages the State Board of Health prior to burial, cremation, ar remaval, and in ony event within 72 hours after death. TO FUNERAL DIRECT may be retained b VR A15 (4) 15M 9/59

haspital ar attending physician.

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	motyes, Samuel 18, 5		
W-11-51-4.5.	A temperature particular and the second of t		
	P. Legar St., A. Walsh, L. L.		
Desire Verille as			

FOR STATE ssary, TO DEPUTY ME. ALL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is pressry, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

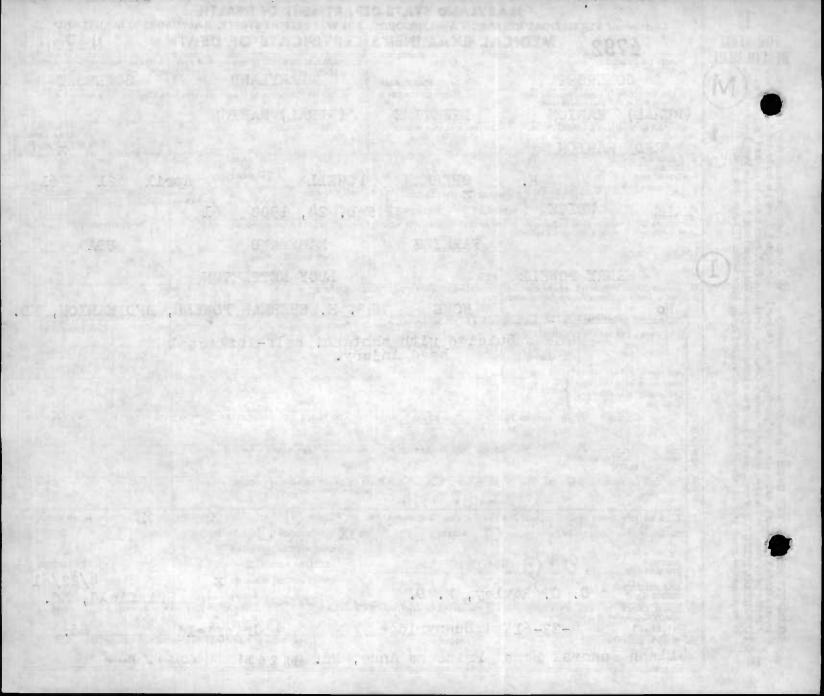
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4792 MEDICAL EXAMINER	'S CERTIFICATE	OF DEATH		4780
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (W			ce before admission)
SOMERSET MARYLAN		ND b. COUN	SOME:	RSET
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside	de corporete limits, write	RURAL end give	neerest town)
(RURAL) MARION LIFETIME	(RURAL) MA	RION		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS			. IS RESIDENCE
RFD MARION	SHEET CONTRACTOR			YES NO
3. NAME OF First Middle DECEASED	Last 4. D		Dey	Yeer
(Type or print) H. SHERMAN		EATH Ann	11 21	1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR	IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	Fob 34 1000	lest birthday)	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDI	JFeb. 24, 1900 USTRY 11. BIRTHPLACE (State or fore	ion country!	I 12 CITIZEN O	F WHAT COUNTRY?
done during most of working life, even if retired)		igii codiii, y		
13. FATHER'S NAME	MARYLAND 14. MOTHER'S MAIDEN NAME		US	A
HENRY POWELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	LUCY NETT	LETON		
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)		Address		
NO NONE	MRS. H. SHERMAI	N POWELL,		RION, MD
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:				ERVAL BETWEEN SET AND DEATH
IMMEDIATE CAUSE (6) SULCICE WITH	shotgun, self-i	nflicted		
97 X DUE TO head in	njury.			
Conditions, if eny, which (b)				
geve rise to immediate cause (a), stating the underlying DUE TO			10111	
causa lest. (c)			- TO 10	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVE	N IN PART 1(e) 1	9. WAS AUTOPSY
			Y	PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Pe	ort II of item 18.)		
FRIMARY ☐ or CONTRIBUTING ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e.		(City or town)	(County)	(Stete)
Hour a.m. While No! While et work et work	fectory, street, office bldg., etc.)			
21. I certify that I took charge of the remains described above	held an Autonoy 🔲 Incon	ction X. Inquir	OFT	in
		(CAL)	digital and an analysis of the same of the	in my opinion
death resulted from: Natural causes, Accident,	Suicide X. Homicide	Undetermined ma	anner	
ACTUAL COLO.	CHIEF MEDICAL EXAMIN			
SIGNATURE 1, 7) A CIVILLY	M.D. ASSISTANT MEDICAL EX			ATE SIGNED
EXAMINER'S C C POWING M D	DEPUTY MEDICAL EXAM	INER X		+/22/61
Name (Type) C. G. Rawley, M. D.	Address (Street, city, tov	wn, or county) CT	isfield	
REMOVAL (Specify)		LOCATION (City, fown,	or country)	(Stete)
Burial 4-23-61 Sunnyridg	e Cr	risfield		Md.

Chillian S. Kracia

Wilson Funeral Home Princess Anne, Md. oAFR 26'61

VS. A15ME 5M 7/59



VS A15 (4) 15M 9/55

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	ng physic	remove	72 hours	(
	attendir	n please	in any event within 72 hours after death.	
	by the	nit. The	ny even	
	gned	perm	0 4	

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
793	CERTIFICATE	OF DEATH	12-1

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				Reg. D	718T. 140.
1. PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland		If institution: Reside COUNTY Somers	- men to a serious en
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) Chance	12 yrs	c. CITY OR TOWN (IF o	outside corporate lin	nits, write RURAL ond	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION At home	reet oddress)	d. STREET ADDRESS		1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) OSCAT	Middle Sma	ellwood	4. DATE OF DEATH	Month April	Day Yeor 16 1:61
M W wid	OWED DIVORCED		585 7		R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) RETITED	Instructor	Maryla	and	12. C	USA
3. FATHER'S NAME John Smallwood		Martha		ınknown	
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. 1	Jack Small	wood	Address	Md
Conditions, if ony, which gove rise to immediate code (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITION	me tastasis	NOT RELATED TO THE TERM	INAL DISEASE CONI	DITION GIVEN IN PA	RT I(a) 19. WAS AUTOPSY
	DESCRIBE HOW INJURY OCCURRE				PERFORMED? YES NO
Hour o.m.	Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or tow	n)	(County) (Stote)
ACTUAL SIGNATURE SUCCESSIONATURE	4	19609 , to occurred at 5am	ADDRESS (Street, ci	causes and an ty or town, state)	DATE SIGNE
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	22c. NAME OF CEMETERY O	R CREMATORY CEMETERY	Chance	Lity, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE 1970.	PrincessAnne	Md DATE AP	D BY REGISTRAR	24b. REGISTRAR'S S	

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THE PROMPT OF THE DEPARTMENT OF HEALTH-CALIFORNIES IS

MADVIAND STATE DEDADTMENT OF HEALTH

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IVISION OF STATISTICAL	RESEARCH AND	RECORDS -	BALTIMOR	RE 1, MARYLAND

D CERTIFICATE OF DEATH

DAMOS

	b. CITY OR TOWN (if outside corporate limits, write RURAL and give new		114702		
1. PLACE OF DEATH a. COUNTY	Somerset	MARYLAND	II - CTATE	ere deceased lived. If institution: R b. COUNTY Sol	esidence befare admission) merset
RURAL and give	nearest town)			utside carporate limits, write RURAL	L and give nearest tawn)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give sto Calvary Road	reet address)		y Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)				OF	Day Year 10 1961
s. sex Male	*** **			last birthday) Ma	UNDER 1 YEAR IF UNDER 24 HR 201ths Days Haurs Min.
during mast af wa	(ION (Give kind af wark dane arking life, even if retired)				U.S.A.
3. FATHER'S NAME	T. 1				
	John William				
Yes, no, or unknown)					RdCrisfield,
gave rise ta cause (a), statin lying cause las	any, which immediate ag the under-	Coronery	2		Sommer 3. mg
20g. ACCIDENT V	WAS UNDERLYING 20b.				IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
20c. TIME OF INJU	FY MEDICAL EXAMINER) URY Manth, Day, Year 20	hile Nat while fa	LACE OF INJURY (Hame, farm ictary, street, affice bldg., etc.	, 20f. (City ar tawn)	(Caunty) (Stat
saw the dece			death assured at	M, from the causes and a	19, that (I) (we) to an the date stated above
22c. PHYSICIAN'S	a.n. Ban,	m.D.	ATTENDING ME	ED. STAFF RECTOR PHYS.	4/12/61 SIGNE
NAME (Type)		M. D.		Crisfield, Mo	d.
BURIAL, CREMAT	Apr.12,196	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or co Crisfield, Md.	
4. FUNERAL DIRECTO	or's signature shaw & SonsCi	ADDRESS risfield, Md.			R'S SIGNATURE

NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by haspital or attending physician. **D FUNERAL DIRECTOR**After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shout the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENTION MAY be retained by VR A15 (4) 15M 9/59

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FOR STATE HEALTH DEP TO DEPUTY ME:

IL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the clifficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dir.

A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

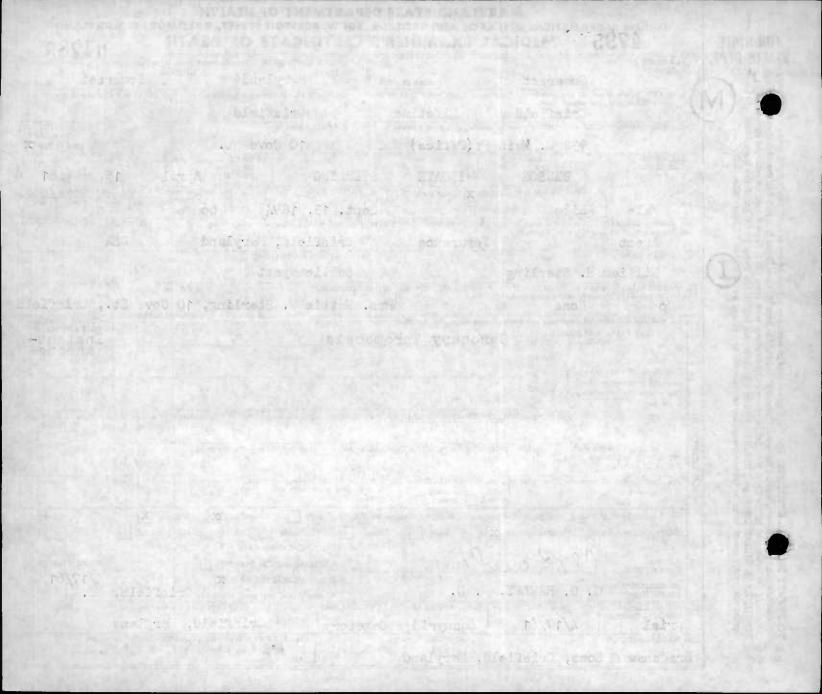
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-fransit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any even within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4795 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

T	_	****									1 -9 1	-
		PLACE OF DEATH	H					CE (Where de	ceased lived, If		ance before	admission)
-	4	a. COOMIT	Somerset		MARYLANI	e. STAT	Mary	land	b. COUN	Somer Somer	set	
1			if outside corporate lim	its,	c. LENGTH OF STAY IN	b c. CITY	0. 0		orate limits, write	RURAL and giv	ve naarasi to	wn)
Y	1	Write RUKAL and	give naarast town) Crisfie	d	Lifetime	29	Cris	field				
		d. NAME OF HOSPI			ospital, giva straal addrass)	d. STRE	ET ADDRESS				e. IS 1	RESIDENCE
			932 W. A	ain	St(Office)	1	10 0	ove St.				NO X
		NAME OF DECEASED	First		Middla	Las	ı	4. DATE	Month	D	y Yes	ar
Н		(Type or print)	BENSO	V	WINGATE	STERLIN	G	DEATH	April	. 15	, 19	61
	5.	SEX	6. COLOR OR RACE	7. MARR	JED X NEVER MARRIED	B. DATE OF BI	RTH	9.	AGE (In years		_	R 24 HRS.
Ĥ	7	Male	White	WIDOW	VED DIVORCED	Sept. 1	3, 189	14.	last birthday) 66 yrs.	Months Days	s Hours	Min.
			ION (Give kind of world		KIND OF BUSINESS OR INDU			or foreign cou	intry)	12. CITIZEN	OF WHAT	COUNTRY?
В	dor	Agent	orking life, even If retire	(1)	Insurance	Cris	field.	Maryla	and	USA		
1	13.	FATHER'S NAME				14. MOTHE					-	
		Willia	m H. Sterli	ing		Sall	ie Wya	tt				
	15.	WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16	S. SOCIAL SECURITY NO. 17	. INFORMAN	T		Address			
	(Ye	s, no, or unkown) (I	fyasgivawarordalesofs None	ervice)	M	rs. Hatt	ie W.	Sterli	ng. 10 0	ove St.	. Cris	sfield
	1		EATH [Enler only one	cause per	r lina for (a), (b), and (c),				0,		INTERVAL BE	-
		PART I. DEAT	H WAS CAUSED BY:	Co	ronary Thro	mhosis				Se In	Insta	
		420	IMMEDIATE CAUSE (a)	00	I Offat y Ith O	MINOBLE					anec	
		1000	DUE TO									
		Conditions, if any	iale cause									
		(a), stating the u	nderlying DUE TO									
	7	cause last.) (c)		ONTRIBUTING TO DEATH BUT	NOT BELATED TO	THE TERMI	NIAL DISEASE	CONDITION GIV	ENLINI DA DT 1/a)	10 WAS	ALITODEV
	10L	PAKI II. OTHE	K SIGNIFICANT CONDI	110143 CC	MIKIBOTING TO DEATH BUT	NOI KELATED TO) ITE LEKMII	INAL DISEASE	CONDITION GIV	EN IN PAKI I(a)	PERF	ORMED?
"	N/										YES	ио 🗌
	CERTIFICATION	PRIMARY ☐ or CO CAUSE OF DEATH.	NTRIBUTING [Ob. DESC	CRIBE HOW INJURY OCCURED). (Enler natura of	injury In Pai	rt I or Part II of	item 1B.)			
	MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Day, Ye	Wh		PLACE OF INJURY factory, street, offi			or town)	(Counly)		(Slala)
		21. I certify th	nat I took charge o	of the re	mains described above,	held an Auto	psy ,	Inspection	X, Inquir	y X, ar	nd in my	opinion
1		death resulted	from: Natural ca	suses X	, Accident , S	uicide,	Homicide	, Und	determined m	anner 🗌		
7			1000		0	CHI	EF MEDICAL	EXAMINER [
		ACTUAL SIGNATURE	(19/2)	au	ley.	M.D.		ICAL EXAMIN			DATE SI	
		EXAMINER'S NAME (Type)	C. G. RAW	LEY,	M. D.			city, town, or	x county) Cris	field,	4/17/0 Md.	70
		REMOVAL (Specify	22b. DATE THERE		Sunnyridge	OR CREMATORY		22d. LOCAT	ield, Me	or country)	(Sta	ite)
	_	FUNERAL DIRECTO	17		ADDRESS	J J	24a. REC	'D BY REGISTE	RAR I 24b. REG		ATURE	
	B	Bradshaw &	Sons. Cris	sfiel	d, Maryland		DATE	R 19'6	1 0	202 to	and the	
0			201127		7 2002		I DAIL					



VR A15 (4) 15M 9/59 4796

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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o. COUNTY	Somerset		MARYLA	- 11	o. STATE Mary		ed lived. If instituti b. COUNTY	-	e before o	dmission)
b. CITY OR TOWN (I RURAL ond give no	If outside corporate limearest town) Crisfield		c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TOWN (IF		orote limits, write R	URAL ond g	ive nearest	town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, s				d STREET ADDRESS	field #1				S RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	GEORG		Middle AMOS	S	Lost TERLING	4. DATE OF DEATH	Mor Apri		Day	Yeor
S. SEX			RIED NEVER MARRIED		ATE OF BIRTH	DEATT	9. AGE (In years	-	18,	19 61 JNDER 24 HRS
Male	White	WIDOW			rch 24, 18'	79	lost birthdoy) 82 yrs.	-		ours Min.
10o. USUAL OCCUPATION during most of work Painter	ON (Give kind of work king life, even if retired	done 10b	KIND OF BUSINESS OR Building	INDUSTRY	Crisfield,			12. CITIZ	USA	HAT COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
Revelle	Sterling				Margaret H	Bradsh	aw			
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or doles of s None	ervice)	SOCIAL SECURITY NO.	Wils	on Sterling	g, Cri	Add sfield. M		nd	612
	TH WAS CAUSED BY: IMMEDIATE CAUSE (company, which) mmediate (but to the company)))	Tops manul Carent	your wi	Protet	= m	itertació		2 /	month
PART II. OTH	Chrone	Regul	CONTRIBUTING TO DEATH	. /	T RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	EN IN PART	PI	VAS AUTOPSY ERFORMED? S NO
-	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER MONTH, Doy, Ye			De. PLACE	OF INJURY (Home, for, street, office bldg., et	m, 20f. (Cit	rt II of item 18.) y or town)	(C	ounty)	(Stote
21. I certify tho sow the deceas 220. SIGNATURE	it (I) (this hospita sed olive on	118	ded the deceased fr		ATTENDING PHYS.	26/, to_	the causes on			(I) (we) los oted obove 23b. DATE SIGNEI 22
22c. PHYSICIAN'S NAME (Type)	A. N. Ba	ırr,	M. D.		22d. ADDRESS Cri	sfield	i, Maryla	nd		
23a. BURIAL, CREMATIO REMOVAL (Specify) Burial	23b. DATE THEREC		23c. NAME OF CEMETE Sunnyridge				TION (City, town, offield, M			(Stote)
24. FUNERAL DIRECTOR		fiel	ADDRESS d. Maryland			PR 2 7	TRAR 25b. REGIS	STRAR'S SIG	NATURE	

		IN THE COLUMN AND SAME		at y
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4799

04786

1.	o. COUNTY SO	MERSET	MARY	LAND	2. USUAL RESIDENCE (Where dece-			befare admissia MERSE	
	RURAL and give ne	SFIELD	7 DAY		c. CITY OR TOWN (If outside co	STATION		nearest tawn)	
1	OR INSTITUTION	AL (If nat in haspital, give s COREADY ME	treet address) EMORIAL HO	SP.	d. STREET ADDRESS RT # 2	Box 78	}	e. IS RESID ON A F YES	ARM?
3.	NAME OF DECEASED (Type or print)	First AGNE	Middle		WILLIAMS DEA		4		61
S.	SEX F		MARRIED NEVER MARRIE	- (DATE OF BIRTH 17, 1912	9. AGE (In years last birthday) yrs.	Months Do	ys Haurs	Min.
	during mast of work	N (Give kind of wark dane ing life, even if retired) USEWIFE	HOUSE WIFE	R INDUST	MARION, MI 14. MOTHER'S MAIDEN NAME		US.	NOF WHAT CO	DUNTRY?
13		oshua Johi	NSON		ANNIE				
	. WAS DECEASED EVER		16. SOCIAL SECURITY NO		PRESTON JOHNS	Add SON MAR	lress	MD.	
CERTIFICATION	Conditions, if or gove rise to in cause (a), stating lying cause lost.	mmediate DUE TO the under (c) (c)		ATH BUT N	OT RELATED TO THE TERMINAL DISK		VEN IN PART 1(2 8 his 2 year 2 year 19. WAS AL PERFORI YES []	WED3
1	20c. TIME OF INJUR	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 2	20d. INJURY OCCURRED While Not while	20e. PLAC	E OF INJURY (Hame, farm, 20f. (iry, street, office bldg., etc.)		(Cou	inty)	(State)
MEDI	21. I certify tha	t (I) (this haspital) at ed alive an APR.	it wark of wark of the deceased IL 12 61 and 3am, M.D.	that de	ath accurred at 3 2 30 Ac. D. ATTENDING MED. DIRECTOR 22d. ADDRESS	STAFF PHYS.	nd an the d	late stated	abave.
23	3a_BURIAL_CREMATIO REMOVAL (Specify)		ARR, M.D. 23c. NAME OF CEMI Libary	ETERY OR	CRISFIE	CATION (City, town,		TCL) 11	n.i
24	FUNERAL DIRECTOR	S SIGNATURE	Mary Count	540	DATE APR 1 7		ISTRAR'S SIGN		

THE PARTY HE TAKE ACCHOOL SECRETARING TO VERY COMMENTED FOR SHIP CONTRACTOR OF THE STATE O THE THE TANK STREET, IN PROPERTY OF THE PROPERTY OF the state of the s THE MERITAGE WAS A STREET WAS TO SELECT MARKENING. for the continue of the section of the second common and the The state of the s

FOR STATE HEALTH DEPT.

sary, iles. TO DEPUTY MED.

I. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is no please execute the Milcate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral direct should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of its designated agent, prior to burial, cremetion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

		MARY	LAND STATE DE	EPARTMENT OF	HEALTH	
D	ivision of STATI	STICAL RESEARC	CH AND RECORDS,	301 W. PRESTON	STREET, BALTIMO	ORE 1, MARYLAND
	4799	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	04787

	Residence before admission)
Somerset Maryland So. COUNTY So.	
	merset
b. CITY OR TOWN (if outside corporate limits, write RURAL at write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL at	d give neerest lown)
Rural Marion Station Lifetime Rural Marion S	tation
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS	a. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Last 4. DATE Month OF	Day Yaar
(Type or print) MARGARET LANKFORD WILLIAMS DEATH ADRIL 2	7 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER	
Female White WIDOWED DIVORCED Jan. 23, 1883 last birthday) Months 78 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 112 CI	TIZEN OF WHAT COUNTRY?
dona during most of working life, evan if refired	S.A.
Housewife At Home Marion Station, Md. U. 13. FATHER'S NAME	D.N.
Joseph W. Lankford Mary E. Maddox	
(Yas, no, or unkown) (Ifyasgivawarordalesofservica)	
No None Mrs. Emily WilliamsR.F.D. Mario	
18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
420-/ MMEDIATE CAUSE (a) Clare Chorus Alar Susan	10mm.
Conditions, if any, which (b)	
(a), stating the undarlying DUE TO	
cause last. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part II or Part II of Itam 18.) CAUSE OF DEATH.	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Country a.m. While Not While at work at work at work at work at work at work	inty) (State)
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X,	and in my opinion
death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
CHIEF MEDICAL EXAMIMER	Control States
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
DEPLITY MEDICAL FYAMINED	pril 28, 1961
228. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (Slate)
Burial Apr. 29.1961 St. Paul's Cemetery Marion Station,	Md.
23. FUNERAL DIRECTOR ADDRESS ADDRESS	
	S. Krans

